poses and its institutions and their effectiveness. There is a clear sense that something seems to be wrong with America, that we are not quite sure what is wrong or what to do about it. But could it be that rather than having failed or lost our touch, we have simply completed a first phase of our destiny and, at this bicentennial moment in our history, are in the process of disassembling much that is no longer needed or useful, and are actually in a transitional phase between a dynamic past and a new dynamic future? And might it be that trying to make quality of life available for all people is to be our pacesetting goal for the future? It is an idea that seems just as visionary and just as worthy of America today and for the era that lies ahead of us now as was the vision of the founding fathers for the era that lay ahead of them two hundred years ago. And it will take leadership and energy in the same sort of grand dimensions to accomplish it. But it could become the national purpose for which we seem to be groping.

One wonders what might be the role of medicine. Obviously quality of life is something physicians seek for their patients. But beyond this, what other profession is any closer to the concept and meaning of quality of life—which is so intimately linked to the physical, mental and, yes, the social well-being of every person? It would seem that medicine could and perhaps should prepare itself for a role of leadership, a role of physician to a society groping for a new purpose in what is already becoming a new era for mankind in world history.

—MSMW

Congenital Dislocation of the Hip—Then and Now

As Elmer Specht notes in his Medical Progress article elsewhere in this issue, congenital dislocation of the hip is an affliction as old as man himself. It was recognized in ancient Egypt, Greece and Rome by physicians as a specific skeletal abnormality but one which was usually painless and of relatively low morbidity.

Before 1880, when Buckminster Brown, Professor of Orthopaedic Surgery at Harvard, attempted to reduce a congenital dislocated hip, the condition was considered incurable. Infant girls are affected at least eight times more frequently than infant boys and in one child out of 1,000 born in the United States, one or both hips are dislocated. Despite much theory, argument and conjecture, the cause remains unknown.

During the past century, much has been written about the pathological anatomy, the physical signs, the incidence in certain ethnic groups, the nature of inheritance and the type of treatment indicated in specific age groups. Between 1880 and 1950, physicians emphasized manipulative reduction after the techniques of Lorenz, Davis, and Denucé, but they failed to understand the delicate nature of epiphyseal cartilage and its circulation so that many hips were reduced but with sufficient force to permanently impair further normal development of the joint.

The last quarter century has seen vast changes for the better in the treatment of this common congenital abnormality. Careful orthopaedic examination of newborns has taught physicians that absence of the normal neonatal flexion contracture of the hip and contracture of the adductor tendons in the groin strongly suggest the diagnosis which can be confirmed by appropriate radiographs, even in a neonate.

Infants under 1 year of age can be treated with a simple pillow-splint to hold the legs abducted at the hips. Use of this type splint, in addition to exercises supervised by the mother, will result in a very high percentage of excellent results. A child with a shallow acetabulum, a so-called dysplasia, will also respond quickly to such simple therapy. Closed gentle manipulative reduction under general anesthesia combined at times with adductor and iliopsoas tenotomy will yield excellent hips in 80 percent of children under the age of 3.

Because of the small size of anatomic structures involved and because of the occasional poor differentiation of tissues about the hip, open surgical reduction is not advised in a patient under the age of 3. After age 3, open reduction is indicated because of the contracture of tissues about the hip, because of constrictions in joint capsule and because of the development of intraarticular soft parts which prevent accurate reduction by closed methods. The emphasis again is upon gentle replacement of the femoral head into acetabulum

to prevent circulatory impairment or epiphyseal injury or both. Following open reduction, a derotation osteotomy of the femur may be required to treat severe anteversion of the femoral head and neck.

The failure of adequate acetabular development in the first decade of life has led to the significant contributions of Pemberton[1] and Salter.[2] The procedure of Pemberton effectively decreases acetabular volume by means of a pericapsular osteotomy of the ilium, whereas the Salter innominate bone osteotomy shifts the relationship of the acetabulum to femoral head but does not change acetabular volume. Both procedures provide good, long-term results but they must be carried out precisely in accord with the indications meticulously described by the authors.

The importance of careful observation of all children to skeletal maturity is stressed. Occasionally the acetabulum fails to participate normally in the final adolescent growth spurt. The femoral head grows unevenly due to lack of acetabular cover, and if this disparity is undetected and untreated an instability of the hip occurs, manifested by intermittent limping and pain with activity—which can lead to crippling degenerative arthritis in middle life. A carefully carried out acetabular shelf procedure provides appropriate treatment for this problem and returns the child to an active life.

The significant contribution of Ashley and his associates[3] to reduction of the dislocated hip in older children again stresses gentle reduction by means of removing a segment of the upper femur, thus permitting the head to reduce into the acetabulum without force.

Fortunately, we are now in a phase in the treatment of congenital dislocation of the hip when—because of better understanding of the patterns of inheritance—reasonable genetic counseling can be given to parents, particularly if one or both were born with the disorder. Use of brute strength in the reduction of the dislocation has fortunately disappeared, to be replaced by methods of treatment based on the concept of gentle handling of delicate growing bone.

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A BICENTENNIAL EDITORIAL

The Third Hundred Years — Regulation Will Be the Rule; But How?

REGULATION IS ALREADY with us and of necessity it will be the rule henceforth if we are to thrive as a nation. The reason for this is that technology, industry and the social, economic and political institutions of America have become irreversibly and progressively interdependent. Such interdependence requires some order or governance if the parts and the whole are to run smoothly and efficiently. It therefore is not a question of whether there will be regulation, but rather of how the needed regulation will be accomplished, and more importantly whether or not an increasingly interdependent society can govern itself or will it have to be governed?

The health care industry in all its facets—education, research, the training of personnel, facilities, supplies and productivity in the way of services—seems to be the crucible in which these questions are being first tested. Furthermore a pattern may be set here which will then be applied elsewhere for governance and regulation in our interdependent society. One may speculate on why it is that health care could turn out to be the proving ground. Perhaps it is only because from a federal standpoint a healthy nation is a strong nation. But for whatever reason, health and health care have become a major concern of government, particularly of the federal bureaucracy, and more recently of the Congress as well. And for whatever reason, the question of how to govern a complex interdependent social system which intimately affects the lives and well-being of many, if not all citizens is obviously coming to a head in the field of health.

There is no real precedent in our democratic system for regulating such a complicated business as health care. It has done no good to consider it a "non-system." In keeping with such precedent as there is, the federal government has